

PART B - FEE(S) TRANSMITTAL

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(Type name in block)
(Signature)
(Date)

750-1 750-1 03/01/2011

MICROSOFT CORPORATION

ONE MICROSOFT WAY

REDMOND, WA 98052-6399

APPLICATION NO.	FILING DATE	INVENTOR NAME(S)	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10798007	03/10/2004	Steven Shaffer	307217.01	6088

TITLE OF INVENTION: METHOD AND IDENTIFICATION TAG FOR ASSET MANAGEMENT

ASSN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	FEES PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/30/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
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ALMA TRAHLE FARIS S

3627

705-028000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.301)

☒ Change of correspondence address (no Change of Correspondence Address Form PTO/SB/122 attached).☐ "Fee Address" indication (no "Fee Address" Indication form PTO/SB/122; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or registered attorneys or agents, and the names of up to 2 registered patent attorneys or agents if no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Microsoft Corporation

Redmond, WA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s) (Please first reupay any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card Form PTO-2038 is attached.☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500463, (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claim: SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Paul W. Mitchell

Registration No.

44,453

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